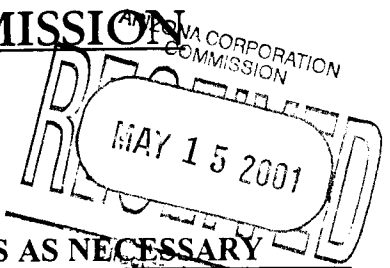


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ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION



ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY

F

W-02524A WATER
FORT MOHAVE TRIBAL UTILITIES AUTHORITY
8678 HIGHWAY 95
PO BOX 5559
MOHAVE VALLEY AZ 86440-0000

ANNUAL REPORT

FOR YEAR ENDING

12	31	2000
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FOR COMMISSION USE

ANN 04	00
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COMPANY INFORMATION

Company Name (Business Name) FORT MOJAVE TRIBAL UTILITIES AUTHORITY

Mailing Address P.O. Box 5559

MOHAVE VALLEY
(City)

AZ
(State)

86446
(Zip)

520-346-1909
Telephone No. (Include Area Code)

520-346-1553
Fax No. (Include Area Code)

520-768-0372
Pager/Cell No. (Include Area Code)

Email Address OMIFOR@OMIINC

Local Office Mailing Address 8490 S. HIGHWAY 95, SUITE 102

MOHAVE VALLEY
(City)

AZ
(State)

86446
(Zip)

520-346-1909
Local Office Telephone No. (Include Area Code)

520-346-1553
Fax No. (Include Area Code)

520-768-0372
Pager/Cell No. (Include Area Code)

Email Address _____

MANAGEMENT INFORMATION

Management Contact: _____

(Name)

(Title)

(Street)

(City)

(State)

(Zip)

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Pager/Cell No. (Include Area Code)

Email Address _____

On Site Manager: _____

(Name)

(Street)

(City)

(State)

(Zip)

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Pager/Cell No. (Include Area Code)

Email Address _____

Statutory Agent: _____

(Name)

(Street)

(City)

(State)

(Zip)

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Pager/Cell No. (Include Area Code)

Attorney: _____

(Name)

(Street)

(City)

(State)

(Zip)

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Pager/Cell No. (Include Area Code)

OWNERSHIP INFORMATION

Check the following box that applies to your company:

☐ Sole Proprietor (S)

☐ C Corporation (C) (Other than Association/Co-op)

☐ Partnership (P)

☐ Subchapter S Corporation (Z)

☐ Bankruptcy (B)

☐ Association/Co op (A)

☐ Receivership (R)

☐ Limited Liability Company

☒ Other (Describe) COMPONENT UNIT OF TRIBAL GOVERNMENT

COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

☐ APACHE

☐ COCHISE

☐ COCONINO

☐ GILA

☐ GRAHAM

☐ GREENLEE

☐ LA PAZ

☐ MARICOPA

☒ MOHAVE

☐ NAVAJO

☐ PIMA

☐ PINAL

☐ SANTA CRUZ

☐ YAVAPAI

☐ YUMA

☐ STATEWIDE

COMPANY NAME

FORT MOJAVE TRIBAL UTILITIES AUTHORITY

UTILITY PLANT IN SERVICE

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization	4,779	-	4,779
302	Franchises	-	-	-
303	Land and Land Rights	2,616	-	2,616
304	Structures and Improvements	9,770	5,375	4,395
307	Wells and Springs	5,948	2,972	2,976
311	Pumping Equipment	20,175	11,117	9,058
320	Water Treatment Equipment	427	242	195
330	Distribution Reservoirs and Standpipes	10,717	5,896	4,821
331	Transmission and Distribution Mains	271,281	149,204	122,077
333	Services	15,359	8,448	6,911
334	Meters and Meter Installations	28,355	15,596	12,759
335	Hydrants	1,477	814	663
336	Backflow Prevention Devices	-	-	-
339	Other Plant and Misc. Equipment	-	-	-
340	Office Furniture and Equipment	23,529	23,529	-
341	Transportation Equipment	46,963	46,963	-
343	Tools, Shop and Garage Equipment	10,894	10,894	-
344	Laboratory Equipment	600	600	-
345	Power Operated Equipment	23,000	23,000	-
346	Communication Equipment	3,023	3,023	-
347	Miscellaneous Equipment	1,899	1,899	-
348	Other Tangible Plant	-	-	-
	TOTALS	480,822	309,572	171,250

This amount goes on the Balance Sheet Acct. No. 108

COMPANY NAME

FORT MITCHELL TRIPLA UTILITIES AUTHORITY

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization	4,779	-	-
302	Franchises	-	-	-
303	Land and Land Rights	2,616	-	-
304	Structures and Improvements	9,720	5 %	489
307	Wells and Springs	5,948	5 %	297
311	Pumping Equipment	20,175	5 %	1009
320	Water Treatment Equipment	437	5 %	22
330	Distribution Reservoirs and Standpipes	10,717	5 %	536
331	Transmission and Distribution Mains	271,281	5 %	13,564
333	Services	15,359	5 %	768
334	Meters and Meter Installations	28,355	5 %	1418
335	Hydrants	1,477	5 %	74
336	Backflow Prevention Devices	-	-	-
339	Other Plant and Misc. Equipment	-	-	-
340	Office Furniture and Equipment	23,529	20 %	-
341	Transportation Equipment	46,863	20 %	-
343	Tools, Shop and Garage Equipment	10,894	20 %	-
344	Laboratory Equipment	600	20 %	-
345	Power Operated Equipment	23,000	20 %	-
346	Communication Equipment	3,023	20 %	-
347	Miscellaneous Equipment	1,899	20 %	-
348	Other Tangible Plant	-	-	-
	TOTALS	480,822	-	18,177

This amount goes on Comparative Statement of Income and Expense Acct. No. 403

COMPANY NAME FORT MOJAVE TRIBAL UTILITIES AUTHORITY

BALANCE SHEET

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	ASSETS		
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$ 52,833	\$ 82,731
134	Working Funds	-	-
135	Temporary Cash Investments	-	-
141	Customer Accounts Receivable	17,280	36,852
146	Notes/Receivables from Associated Companies	-	-
151	Plant Material and Supplies	269	296
162	Prepayments	-	-
174	Miscellaneous Current and Accrued Assets	-	-
	TOTAL CURRENT AND ACCRUED ASSETS	\$ 70,382	\$ 119,879
	FIXED ASSETS		
101	Utility Plant in Service	\$ 486,822	\$ 480,822
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation - Utility Plant	(291,395)	(309,572)
121	Non-Utility Property		
122	Accumulated Depreciation - Non Utility		
	TOTAL FIXED ASSETS	\$ 189,427	\$ 171,250
	TOTAL ASSETS	\$ 259,809	\$ 291,129

NOTE: The Assets on this page should be equal to **Total Liabilities and Capital** on the following page.

COMPANY NAME FORT MOJAVE TRIBAL UTILITIES AUTHORITY

BALANCE SHEET (CONTINUED)

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	LIABILITIES		
	CURRENT LIABILITIES		
231	Accounts Payable	\$ 16,049	\$ 4886
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits	958	1054
236	Accrued Taxes		
237	Accrued Interest	91,630	129,161
241	Miscellaneous Current and Accrued Liabilities	338	747
	TOTAL CURRENT LIABILITIES	\$ 108,975	\$ 135,848
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	\$ 319,000	\$ 319,000
	DEFERRED CREDITS		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction		
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		
	TOTAL DEFERRED CREDITS	\$	\$
	TOTAL LIABILITIES	\$ 427,975	\$ 454,848
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$	\$
211	Paid in Capital in Excess of Par Value		
215	Retained Earnings	(168,166)	(163,719)
218	Proprietary Capital (Sole Props and Partnerships)		
	TOTAL CAPITAL	\$	\$
	TOTAL LIABILITIES AND CAPITAL	\$ 259,809	\$ 291,129

COMPANY NAME FORT MOJAVE TRIBAL UTILITIES AUTHORITY

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$ 194,670	\$ 246,895
460	Unmetered Water Revenue		
474	Other Water Revenues		
	TOTAL REVENUES	\$ 194,670	\$ 246,895
	OPERATING EXPENSES		
601	Salaries and Wages	\$ 94,787	\$ 108,540
610	Purchased Water	38,920	37,483
615	Purchased Power		
618	Chemicals		
620	Repairs and Maintenance		
621	Office Supplies and Expense		
630	Outside Services		
635	Water Testing		
641	Rents		
650	Transportation Expenses		
657	Insurance - General Liability		
659	Insurance - Health and Life		
666	Regulatory Commission Expense - Rate Case		
675	Miscellaneous Expense	48,735	56,373
403	Depreciation Expense	18,176	18,177
408	Taxes Other Than Income	11,488	15,175
408.11	Property Taxes	350	6700
409	Income Tax		
	TOTAL OPERATING EXPENSES	\$ 212,456	\$ 242,448
	OTHER INCOME/EXPENSE		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	TOTAL OTHER INCOME/EXP	\$	\$
	NET INCOME/(LOSS)	\$ (17,786)	\$ 4,447

COMPANY NAME FORT MOJAVE TRIBAL UTILITIES AUTHORITY

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number	Pump Horsepower	Pump Yield (Gpm)	Casing Size (inches)	Meter Size (inches)
B(17-22)15ABB	15	150	16	x

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)

TOTAL GALLONS PUMPED (NOT SOLD) THIS YEAR (thous.) = _____

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity

COMPANY NAME FORT MOJAVE TRIBAL UTILITIES YEAR ENDING 12/31/2000
AUTHORITY

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2000 was: \$ 3,349.84

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why. _____

COMPANY NAME FORT MOJAVE TRIBAL UTILITIES YEAR ENDING 12/31/2000
AUTHORITY
INCOME TAXES

For this reporting period, provide the following:

Federal Taxable Income Reported NONE
Estimated or Actual Federal Tax Liability NONE

State Taxable Income Reported NONE
Estimated or Actual State Tax Liability NONE

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances NONE
Amount of Gross-Up Tax Collected NONE
Total Grossed-Up Contributions/Advances NONE

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

CERTIFICATION

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in prior year's annual report. This certification is to be signed by the President or Chief Executive Officer of the corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.


SIGNATURE

14 MAY 01
DATE

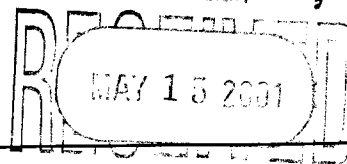
K. Spooner
PRINTED NAME

DIRECTOR
TITLE

Heath Powell
2 pages

**VERIFICATION
AND
SWORN STATEMENT**

ARIZONA CORPORATION
COMMISSION



VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME) MOHAVE	
NAME (OWNER OR OFFICIAL) KENDALL SPOONER	TITLE DIRECTOR
COMPANY NAME FORT MOJAVE TRIBAL UTILITIES AUTHORITY	

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION
FOR THE YEAR ENDING

MONTH 12	DAY 31	YEAR 00
--------------------	------------------	-------------------

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE WATER OPERATIONS DURING

CALENDAR YEAR

2000

WAS

\$246,895.47

(\$ ONLY) *

(THE AMOUNT IN BOX AT LEFT
INCLUDES \$12,344.77
IN SALES TAX MONIES BILLED OR
COLLECTED.)

*REVENUE REPORTED ON THIS PAGE MUST
INCLUDE SALES TAX MONIES BILLED OR
COLLECTED.

X
SIGNATURE OF OWNER OR OFFICIAL

(520) 346-1909
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

DAY

30

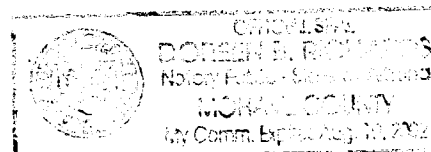
DAY OF

NOTARY PUBLIC NAME DOREEN B. RICHARDS	
COUNTY NAME MOHAVE	
MONTH APRIL	YEAR 2001

(SEAL)

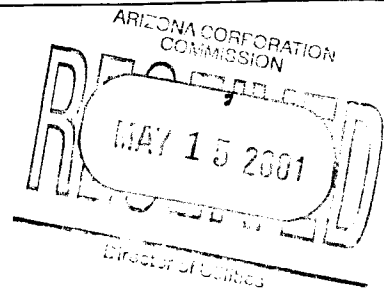
MY COMMISSION EXPIRES

MONTH **08** - DAY **10** - YEAR **02**



RUCO-RF

**VERIFICATION
AND
SWORN STATEMENT
RESIDENTIAL REVENUE**



VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME) MOHAVE		SS
NAME (OWNER OR OFFICIAL) KENDALL SPOONER	TITLE DIRECTOR	
COMPANY NAME FORT MOJAVE TRIBAL UTILITIES AUTHORITY		

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH 12	DAY 31	YEAR 00
--------------------	------------------	-------------------

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING

CALENDAR YEAR

2000

WAS

RESIDENTIAL UTILITY GROSS OPERATING REVENUE (\$ ONLY) *

\$232,817.27

(THE AMOUNT IN BOX AT LEFT INCLUDES \$ - 11,640.86 IN SALES TAX MONIES BILLED.)

*RESIDENTIAL REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAX MONIES BILLED.

X


SIGNATURE OF OWNER OR OFFICIAL

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

DAY 30

DAY OF

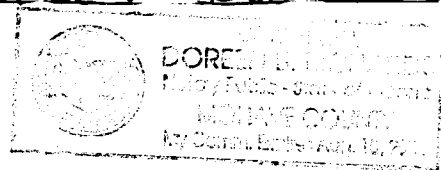
NOTARY PUBLIC NAME DOREEN B. RICHARDS	
COUNTY NAME MOHAVE	
MONTH APRIL	20 01

(SEAL)



MY COMMISSION EXPIRES

MONTH 08	DAY 10	YEAR 02
--------------------	------------------	-------------------



FT. MOJAVE TRIBAL UTILITIES AUTHORITY

8490 S. HWY. 95, STE. 102
MOHAVE VALLEY, AZ 86440



0502

DATE OCTOBER 23, 2000

94-172/1224
1

PAY THIRTEEN THOUSAND FOUR HUNDRED FORTY-FIVE AND 84/100***** DOLLARS \$ 13,349.84

TO
THE
ORDER
OF

COUNTY OF MOHAVE

⑈000502⑈ ⑆122401723⑆ 001⑈306049⑈

FT. MOJAVE TRIBAL UTILITIES AUTHORITY
MOHAVE VALLEY, AZ 86440

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW
IF NOT CORRECT, PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED

DATE	DESCRIPTION	AMOUNT
10-23-00	1ST HALF PROPERTY TAX PAYMENT 1ST HALF PAYM. 1, 2000 - DEC. 31, 2000	13,349.84